FOR INSTRUCTIONS, SEE BACK OF PORM		DR-1	OF
CHECK ONE:	Descriptions.	(Rev. 8/2011)	ORGANIZATION
☑ This is an initial* Statement of Organization	Reset Form	For Office Use	Only
☐ This is an amended* Statement of Organization	making expenditures or	Comm. # 19	009
* Statement must be filed within 10 days of committee accepting contributions	s, making experiultures, or	Indexed	
		Audited	
Effective January 1, 2011, ONLY county/local committees with less than \$200 using these forms. All other committees must file their statements and report	s electronically.	Computer	
using these forms. All other committees must like their statements and report		Computer	0.00
COMMITTEE NAME ↓ ↓ (A candidate's committee must include the	candidate's last name in the name	of the committee.) If	amending committee name,
1 - 1 d in ()			
MATHIS FOR SUPERVISOR			
- W			
IMPORTANT: Indicate type of committee you are reporting for: 5 (1) Statewide/Legislative/Judge Standing for Retention Candidate (2)	Statewide PAC (3)State Party (4)County Central (Committee
(5) County Candidate (6) City Candidate (7) School Board of Other P (10) School Board or Other Political Subdivision PAC (11) Ballot Issu	e (including committee involved	in multiple city/cou	unty ballot issues)
(10)School Board of Other Political Capativisies 1745 (17)			
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mar	datory except for a	a candidate's committee)
Name + +	Name + +	ATUIC	
BERTHA MATHIS	STEPHEN M	ATRIS	
Mailing Address P O BOX 390	Mailing Address ↓ ↓ P O BC	X 390	
P O BOX 390	City, State ↓ ↓ Zip Code ↓	1	
City, State ↓ ↓ Zip Code ↓ EMMETSBURG, IA 50536	City, State + + Zip code +	EMMETSBU	RG, 350536
			2
Phone (712) 298-1762	Phone (71)298-1762		<u>C</u>
	e Mail berthamathis@ya	hoo com	Zm
e-Mail berthamathis@yahoo.com	C-Iviali		N = -
INDICATE PURPOSE OF COMMITTEE - Check One Box A Adv	ocate for/against candidate(s)	Advocate for ballot	issue(s)
Comment or description: committee for candidate		Advocate against ba	allot issue(s)
All Candidates Enters	County/Local Candidates	s and Ballot Issue (Committees Enter:
Office Sought: COUNTY SUPERVISOR	County: PALO ALTO)	9 38
REPUBLICAN	(If active in multiple ballot	issue elections, attac	ch list di counties
Political Party (if applicable) REPUBLICAN			F 00
DISTRICT 5	Date of Election: 11/06	/2012	_
District: DISTRICTS	Date of Election.		
District: DISTRICT 5 Year Standing for Election: 2012			
Year Standing for Election: 2012	Candidate name & Address	r Parent Entity (PA	Cs, if applicable),
			Cs, if applicable),
Year Standing for Election: 2012 Bank Account Name (must match committee name) ↓ ↓	Candidate name & Address o	r Parent Entity (PA	Cs, if applicable), sor
Year Standing for Election: 2012 Bank Account Name (must match committee name) ↓ ↓ MATHIS FOR SUPERVISOR	Candidate name & Address of the second secon	r Parent Entity (PA	Cs, if applicable),
Year Standing for Election: 2012 Bank Account Name (must match committee name) ↓ ↓ MATHIS FOR SUPERVISOR Name of Financial Institution/type of Account ↓ ↓	Candidate name & Address of the second of t	r Parent Entity (PA	Cs, if applicable), sor
Year Standing for Election: 2012 Bank Account Name (must match committee name) ↓ ↓ MATHIS FOR SUPERVISOR	Candidate name & Address of the second of t	r Parent Entity (PAI Affiliate, or Spons	<u>sor</u>
Year Standing for Election: 2012 Bank Account Name (must match committee name) ↓ ↓ MATHIS FOR SUPERVISOR Name of Financial Institution/type of Account ↓ ↓ LAURENS STATE BANK	Candidate name & Address of the second of t	r Parent Entity (PA	Cs, if applicable), sor Zip ↓ ↓
Year Standing for Election: 2012 Bank Account Name (must match committee name) ↓ ↓ MATHIS FOR SUPERVISOR Name of Financial Institution/type of Account ↓ ↓ LAURENS STATE BANK Mailing Address ↓ ↓	Candidate name & Address of the second of t	Parent Entity (PAI Affiliate, or Spons	Zip ↓ ↓
Year Standing for Election: 2012 Bank Account Name (must match committee name) ↓ ↓ MATHIS FOR SUPERVISOR Name of Financial Institution/type of Account ↓ ↓ LAURENS STATE BANK Mailing Address ↓ ↓ P O BOX 136	Candidate name & Address of the second of t	Parent Entity (PAI Affiliate, or Spons	<u>sor</u>
Year Standing for Election: 2012 Bank Account Name (must match committee name) ↓ ↓ MATHIS FOR SUPERVISOR Name of Financial Institution/type of Account LAURENS STATE BANK Mailing Address ↓ ↓ P O BOX 136 City ↓ State ↓ ↓ Zip ↓ ↓	Candidate name & Address of the second of t	Parent Entity (PAI Affiliate, or Spons	Zip ↓ ↓
Year Standing for Election: 2012 Bank Account Name (must match committee name) ↓ ↓ MATHIS FOR SUPERVISOR Name of Financial Institution/type of Account LAURENS STATE BANK Mailing Address ↓ ↓ P O BOX 136	Candidate name & Address of the second state	State State	Zip ↓ ↓
Year Standing for Election: 2012 Bank Account Name (must match committee name) ↓ ↓ MATHIS FOR SUPERVISOR Name of Financial Institution/type of Account LAURENS STATE BANK Mailing Address ↓ ↓ P O BOX 136 City ↓ State ↓ ↓ Zip ↓ ↓	Candidate name & Address of the second of t	State State	Zip ↓ ↓
Year Standing for Election: 2012 Bank Account Name (must match committee name) ↓ ↓ MATHIS FOR SUPERVISOR Name of Financial Institution/type of Account LAURENS STATE BANK Mailing Address ↓ ↓ P O BOX 136 City ↓ State ↓ ↓ Zip ↓ ↓	Candidate name & Address of the second state	State State	Zip ↓ ↓
Year Standing for Election: 2012 Bank Account Name (must match committee name) ↓ ↓ MATHIS FOR SUPERVISOR Name of Financial Institution/type of Account LAURENS STATE BANK Mailing Address ↓ ↓ P O BOX 136 City ↓ State ↓ Zip ↓ ↓ LAURENS IA 50554	Candidate name & Address of the policy of t	State State	Zip ↓ ↓
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Year Standing for Election: 2012 Bank Account Name (must match committee name) ↓ ↓ MATHIS FOR SUPERVISOR Name of Financial Institution/type of Account LAURENS STATE BANK Mailing Address ↓ ↓ P O BOX 136 City ↓ State ↓ Zip ↓ ↓ LAURENS IA 50554 STATEMENT OF AFFIRMATION: By filing this document the committee affiliation. 1. The committee and all persons connected with the committee understand that	Candidate name & Address of the second of t	State IA Affiliate, or Sponses State IA	zip ↓ ↓ 50536
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Pear Standing for Election: 2012 Bank Account Name (must match committee name) ↓ ↓ MATHIS FOR SUPERVISOR Name of Financial Institution/type of Account LAURENS STATE BANK Mailing Address ↓ ↓ P O BOX 136 City ↓ State ↓ Zip ↓ ↓ LAURENS IA 50554 STATEMENT OF AFFIRMATION: By filling this document the committee affer 1. The committee and all persons connected with the committee understand the rules in Chapter 351 of the lowa Administrative Code. 2. That lowa Code section 68A.402 and rule 351—4.9 require the filling of disclosubjects the candidate or chairperson (in the case of committees other than a calimposition of other criminal and civil sanctions. 3. That lowa Code section 68A.405 and rules 351—4.38 through 4.43 require the materials except for those items exempted by statute or rule. A committee that does not intend to cross the \$750 filling threshold shall file the Form DR-SFA for 4. That lowa Code section 68A.503 and rules 351—4.44 through 4.52 prohibit to 5. A candidate and a candidate's committee may only expend campaign funds 6. That the committee will continue to file disclosure reports until all activity has dissolution (DR-3) has been filled.	Eandidate name & Address of the laws in loward and learning the placement of the words "paid for bwishes to register a committee name in lieu of filing this form. Eandidate name & Address of the laws of the laws in loward in lieu of filing this form. Each and date is a committee name in lieu of filing this form.	State Affiliate, or Spons State IA Code chapters 68A are these reports on or ic assessment of a civ y" and the name of the for purposes of using by all committees excess 8A.301 through 68A.3 are resolved, and a final	Zip ↓ ↓ 50536 and 68B and the administrative before the required due dates ill penalty and the possible e committee on all political the shorter "paid for by" and ept for ballot issue PACs. 803 and rule 351—4.25.
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FOR INSTRUCTIONS, SEE BACK OF FORM

STATEMENT

OF

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